



Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

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Temporary Change of Operation Food Establishment Plan Review Application

These guidelines are not final requirements. The Board of Health may require additional information based on the type of operation and menu.

No Fee Required

PROJECTED START DATE _____

PROJECTED END DATE _____

ESTABLISHMENT NAME _____

ADDRESS _____

CONTACT PERSON/ TITLE _____

CONTACT NUMBER _____

CONTACT ADDRESS _____

Please be advised this Office requires **7 days to review a completed Temporary Change of Operation Plan Review Application.**

PLAN REVIEW STEPS:

1. Submit Plan Review Application.
2. Staff from this Office will contact you within 7 days to discuss approval, denial, or modification of the application.
3. Once plans have been approved- construction/renovations can begin and/or approved equipment can be purchased.
4. Once construction is completed/equipment is installed, contact this Office for a pre-operational inspection- Operations cannot begin until a successful pre-operational inspection has been conducted.
5. Upon successful pre-operational inspection-Establishment can begin operating under new approved operation.

Questions regarding this application can be directed to:

Padraig Martin
Health Compliance Officer
781-316-3170

The following documents must be submitted along with this application:

_____ A detailed outline of proposed changes. Include standard operating procedures for the repackaging of bulk products for individual sale if applicable.

_____ An updated menu or food offering list, including the new items. Include a list of foods that will be re-packaged for retail sale.

_____ Attach a sample label for re-packaged foods. **The label must include:**

- The common name of the food or absent a common name, an adequately descriptive identity statement.
- If made from two or more ingredients, a list of ingredients in descending order of predominance by weight, including a declaration of artificial color or flavor and chemical preservatives, if contained in the food.
- An accurate declaration of the quantity of contents.
- The name and place of business of the manufacturer, packer, or distributor and the name of the food source for each major food allergen contained in the food unless the food source is already part of the common or usual name of the respective ingredient.

NOTE: Packages of raw meat, poultry and eggs (not treated to reduce salmonella) require safe handling instructions.



_____ Floor plans (that are a minimum of 11 x 14 inches in size) drawn accurately and identify the preparation and processing areas needed for the proposed changes. PLEASE NOTE: Establishments may use a floor plan submitted previously and modify it to reflect the proposed changes.

- Each piece of food equipment intended for use must be clearly identified, in approximate scale, in its intended location on the plan.
- Include transport equipment use to maintain food temperatures if delivering groceries/meals.
- Drawings must also indicate location and number of all sinks including designated "hand washing only" sinks, food preparation sinks, warewashing sinks and "mop"/wastewater sinks,

loading and receiving areas, entrances and exits designated areas for storing chemicals and paper products.

_____ Manufacturer's specification or "cut" sheets for each new piece of equipment shown on the plan.

PLEASE NOTE: Manufacturer's specification sheets are needed for the new equipment only.

Note: All food handling equipment must be of durable construction, made of food grade materials, and certified for sanitary design by an ANSI accredited certification program, typically National Sanitation Foundation (NSF), or by Underwriters Laboratory, (UL).

Approval of these plans and specifications by the Health Office does not constitute endorsement of acceptance of the completed establishment (structure or equipment). A pre-operational inspection of the establishment with equipment in place and operational will be necessary to determine if the establishment complies with the local and state laws governing food establishments.

Approval of these plans and specifications by the Health Office does not indicate compliance with any other federal, state, or local code, law or regulation that may be required.

MODIFIED PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

TYPE OF SERVICE PROPOSED (check all that apply): <input type="checkbox"/> Take Out/Delivery <input type="checkbox"/> Caterer <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Other _____		PROJECTED START DATE: _____ PROJECTED COMPLETION DATE: _____	
TYPE OF FOOD OPERATION: <input type="checkbox"/> Restaurant <input type="checkbox"/> Institution <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Other: _____			
FOOD ESTABLISHMENT INFORMATION			
Name of Establishment: _____			
Establishment Address: _____	City: _____	State: _____	ZIP: _____
OWNERSHIP INFORMATION			
Name of Owner: _____			
Address: _____	City: _____	State: _____	ZIP: _____
Email: _____	Phone Number: _____		
APPLICANT INFORMATION (e.g., ARCHITECT / ENGINEER / CONSULTANT)			
Applicant Name: _____		Contact Person: _____	
Applicant Mailing Address: _____	City: _____	State: _____	ZIP: _____
Email: _____	Phone Number: _____		
FOOD OPERATION INFORMATION			
DAYS/HOURS OF OPERATION <input type="checkbox"/> Sun: _____ <input type="checkbox"/> Mon: _____ <input type="checkbox"/> Tues: _____ <input type="checkbox"/> Wed: _____ <input type="checkbox"/> Thurs: _____ <input type="checkbox"/> Fri: _____ <input type="checkbox"/> Sat: _____	FOOD STORAGE AREAS <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Basement <input type="checkbox"/> Offsite: _____	TYPE OF SERVICE (CHECK ALL THAT APPLY) <input type="checkbox"/> Transporting <input type="checkbox"/> Frozen Desserts <input type="checkbox"/> Repackaging <input type="checkbox"/> Precooked meal operations <input type="checkbox"/> Other: _____	STAFF Maximum Number of Staff Per Shift <input type="checkbox"/> Breakfast _____ <input type="checkbox"/> Lunch _____ <input type="checkbox"/> Dinner _____ Maximum Number of Meals Per Day <input type="checkbox"/> Breakfast _____ <input type="checkbox"/> Lunch _____ <input type="checkbox"/> Dinner _____
Maximum Number of Grocery orders per day _____			
Signature: _____			Date: _____
Print Name: _____		Title: _____	

Check categories of Potentially Hazardous Foods (PHF's) to be handled, prepared, served and/or sold.

CATEGORY	YES	NO	Indicate all that apply: prepared, served, or sold
Thin meats, poultry, fish, eggs (hamburger, sliced meats, fillets)			
Thick meats, whole poultry (roast beef; whole turkey, chickens, hams)			
Cold processed foods (salads, sandwiches, vegetables)			
Hot processed foods (soups, stews, rice, noodles, gravy, chowders, casseroles)			
Bakery goods (pies, custards, cream fillings & toppings)			
Other- specify			

CIRCLE/ANSWER THE FOLLOWING QUESTIONS:

1. Are all food supplies from inspected and approved sources YES / NO

Provide name of food supplier(s): _____

2. What are the projected frequencies of deliveries for frozen foods: _____, refrigerated foods: _____, and dry goods: _____.

3. Provide information on the amount of space (in cubic feet) allocated for:

Dry storage _____

Refrigerated Storage _____

Frozen Storage _____

4. How will dry goods be stored off the floor?

5. Is a scale used to weigh food for resale? YES / NO

6. Describe the policy to exclude or restrict food workers who are sick or have infected cuts/lesions.

1. Describe the procedure for minimizing the length of time PHF's will be kept in the temperature danger zone (41°F- 140°F) during preparation.

COLD STORAGE:

1. Is adequate and approved freezer and refrigeration space available to store frozen foods frozen, and refrigerated foods at 41°F (5°C) and below?

YES / NO

Number of refrigeration units: _____

Number of freezer units: _____

2. Will raw meats, poultry, and seafood be stored in the same refrigerators and freezers with cooked/ ready-to-eat foods?

YES / NO

If yes, how will cross-contamination be prevented?

3. Does each refrigerator/ freezer have a thermometer?

YES / NO

-----Office use only-----

Date Received: _____

Date approved, denied, request for modification made: _____

Health Department staff assigned: _____